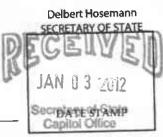
REPORT OF RECEIPTS AND DISBURSEMENTS 2011 Elections



Name of Candidate RANDY RUSHA	NG			Secretare States Capitol Office
Address Po Bok 424 DECA	ATUR, MS	County .	NEWTON	Suprish Strikes
Telephone 601 917 9504		Fax 6	01635 204	4
Office Sought House of REPRESEN	TATIVES #78	Political Party Email Address	<u>Republic</u> reprushing	20 g @ hotmail.com
Check here if above is different from pr	evious report			
Marian 2011 Periodic Report (January 1,	2011, through April	30, 2011)		Mandatory
Inno 10, 2011 Periodic Report (May 1, 201	1, through May 31,	2011)		Mandatory
Lubra 2011 Periodic Report (June 1, 2011	, through June 30, 2			Mandatory
W.L. 26 2011 Pre-Election Report (July 1.	2011, through July	23, 2011)		Primary Candidates
Assessed 16, 2011 Pre-Election Report (July	y 24, 2011, through	August 13, 2011)	R	unoff Candidates Only
October 10, 2011 Periodic Report (July 1,	2011, through Sept	ember 30, 2011)	* 1 * 1 * 1 * 1 * 1 * 1	Mandatory
November 1, 2011 Pre-Election Report (October 1, 2011, thre	ough October 29,	, 2011)	Mandatory
November 22, 2011 Pre-Election Report	(October 30, 2011, t	hrough Novemb	er 19, 2011)R	unoff Candidates Only
January 10, 2012 Periodic Report (Octob	er 1, 2011, through	December 31, 20	11)	Mandatory
Termination Report (Candidate will no lo Campaign expenditures and has no outsta	nger accept contrib	utions or make		
(1) Pre-Election reports are mandatory, ever shall submit a report indicating "0" (Zero)) tor total amount of	or expenditures reported contrib	Addon's aria or por	
(2) Until a Candidate files a Termination Rep Ann. § 23-15-807 (b) (II) and (III).				
(3) The receiving authority must be in actual refalls on a weekend or a holiday, the office day before the deadline. Faxed reports a	Minst be in actual te	freports by 5:00 positions to the requirement of the requirement.	p.m. on the reporting the properties of the points by 5:00	ng day. If the deadline p.m. on the first working
	ED CONTRIBUTION	IS AND DISBURS	EMENTS	Calendar
lten	nized + Non-It	emized =]	This Period	Year-To-Date
Total amount of contributions \$ 200	000 +\$ (00	00 5 0	00 00	\$ 11,000 00

REPORTED CONTRIBUTIONS AND DISBURSEMENTS					Calendar	
	Itemized	+	Non-Itemized	=	This Period	Year-To-Date
Fotal amount of contributions	\$ 300 00	+\$	60000	\$	900.00	\$ 11,000.00
Total amount of disbursements				\$	737. 94	\$ 6,518.21
Total amount of cash on hand				\$	4481.79	

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.

2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee RANDY RUSHING 1TEMIZED RECEIPTS Reporting period Oct 30, 2011

Source: ✓ Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	- 12/15/11	\$ 30000
MS POWER CO.		
alling Address	-	\$
2605 13th st.		
ity, State, Zip Code	- <u> </u>	\$
GULFPORT MS 39502 lame of Employer (Required)	- [/[/	\$
///A occupation (Required)	Aggregate year-to-date	\$ 30000
M/A Compration PAC Individual Loan		Amount of each
3. Source: Corporation PAC Individual Loan Other (please specify)	- Date (Mo., Day, Year)	recelpt this period
full name	- [[,[,	\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)	- [,[,[\$
Occupation (Required)	Aggregate year-to-date	\$ [
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code	- <u>□</u> , <u>□</u> ,	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address	- [[[]	\$
City, State, Zip Code	- [[[\$
Name of Employer (Required)	$ \Box_{I}\Box_{I}\Box$	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee	RUSHING		_
Reporting period 0(7 1, 2011		Dec 31, 2011	

ITEMIZED DISBURSEMENTS

RANDY RUSHING	Date (Mo., Day, Year)	Amount of each disbursement this period
Address Po Box 424	121 271 11	\$ 453.60
Decatur, MS	_1_1_	S
Purpose of Disbursement (Optional) Reinburse ALEC expense	Aggregate Year-to-date	S
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
talling Address		\$
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_!_!_	\$
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	\$
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1_1_	\$
City, State, Zip Code	_/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'	s
City, State, Zip Code	_1_1_1_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s